

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 9/15/03.

I. DISPUTE

Whether there should be additional reimbursement for E0781 – reduced per the Medical Fee Guideline, E0236 – denied as not authorized, E1399 x 2 – denied on the basis of “G” – global to other services and L3670 – reduced to fair and reasonable.

II. FINDINGS

The respondent initially reviewed the disputed services on 4/1/03 and denied all services on the basis of medical necessity. Upon re-review the respondent denied the same services on 7/22/03 as per the Medical Fee Guideline. The requestor withdrew all medical necessity issues on 10/28/03, however, the EOB with medical necessity denials was superseded by the re-review EOB. On this basis, these disputed services will be reviewed based upon the 1996 Medical Fee Guideline.

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale:
3/4/03	E0781	485.00	442.40	F	DOP	Rule 133.307 (g)(3)(D)	There is no MAR listed in the MFG. The requestor did not submit medical documentation that discusses, documents and justifies the amount billed as reasonable and necessary. Additional reimbursement is not recommended.
	E0236	494.00	0.00	A	DOP	Rule 134.600 (b)(1)(B) Rule 133.307 (g)(3)(D)	No evidence was submitted by the requestor that this service had been preauthorized prior to delivery of service. Also, the service does not have a MAR. The requestor did not submit medical documentation that discusses, documents and justifies the amount billed as reasonable and necessary. Additional reimbursement is not recommended.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale:
	E1399	75.00	0.00	G	DOP	Rule 133.307 (g)(3)(D)	The respondent did not identify what service delivered on this date of service was global to this DME. Also, the service does not have a MAR. The requestor did not submit medical documentation that discusses, documents and justifies the amount billed as reasonable and necessary. Additional reimbursement is not recommended.
	E1399	155.00	0.00	G	DOP	Rule 133.307 (g)(3)(D)	The respondent did not identify what service delivered on this date of service was global to this DME. Also, the service does not have a MAR. The requestor did not submit medical documentation that discusses, documents and justifies the amount billed as reasonable and necessary. Additional reimbursement is not recommended.
	L3670	450.00	160.70	M	DOP	Rule 133.307 (g)(3)(D)	The requestor did not submit medical documentation that discusses, documents and justifies the amount billed as reasonable and necessary. Additional reimbursement is not recommended.
TOTALS							Reimbursement is not recommended.

Rule 134.600 (b)(1) states, “The insurance carrier is liable for all reasonable and necessary medical costs relating to the health care required to treat a compensable injury... when...

(B) preauthorization of any health care listed in subsection (h) of this section was approved prior to providing the health care;”

Commission Rule 133.307 (g)(3)(D) states, “ if the dispute involves health care for which the commission has not established a maximum allowable reimbursement, documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement in accordance with §133.1 of this title (relating to Definitions) and §134.1 of this title (relating to Use of the Fee Guidelines);”

The disputed services were all payable at fair and reasonable. However, the requestor failed to submit, any documentation supporting the charges as fair and reasonable. On this basis, reimbursement is not recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for for E0781 – reduced per the Medical Fee Guideline, E0236 – denied as not authorized, E1399 x 2 – denied on the basis of “G” – global to other services and L3670 – reduced to fair and reasonable.

The above Findings and Decision are hereby issued this 12th day of May, 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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